MIAMI TOWNSHIP
GREENE COUNTY

101 E. Herman Street
Yellow Springs, OH 45387
Phone: 937-767-2460

Zoning Application: BZA ADMINISTRATIVE APPEAL

Application #		Fee Collected	

Property Address/Location					
Parcel Number		Zoning District		Property Acreage	

Applicant's Information

Name			
Address			
Phone		Email	
Company Name (if contractor)			

Property Owner's Information (☐ Check if same as applicant)

Name			
Address			
Phone		Email	

Cite the decision/interpretation of the Zoning Administrator or representative on which this appeal is made. (Use a separate sheet of paper if more room is needed)

Cite the date that the decision/interpretation was made.

Describe why you feel the decision/interpretation of the Zoning Administrator or representative is in error. (Use a separate sheet of paper if more room is needed)

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Describe how you feel the article and/or subsection of the Miami Township Zoning Resolution or the Zoning Map in question should be interpreted or implied. (Use a separate sheet of paper if more room is needed)

Other Information Required:

- Provide any additional information to help substantiate the justification of this appeal.

I hereby certify that all of the information supplied in this application and attachments are true and correct to the best of my knowledge, information and belief.

Applicant's Signature:		DATE	

Hearing Date	

This application has been **_____ APPROVED _____ REJECTED** for the issuance of an administrative appeal by the Board of Zoning Appeals.

If approved, the following corrections have been applied and approved by the Board of Zoning Appeals:

BZA Chair			DATE	

Zoning Administrator			DATE	